

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) Chapter 7☐ Check if this an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Open Medicine Institute, Inc.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	FDDB American Consotherapy Center, Inc. FDDB American Institute of Chinese Medicine Against Cancer FDDB Institute of World Traditional Medicine FDDB OMI FDDB University of Herbal Medicine	
3. Debtor's federal Employer Identification Number (EIN)	26-4230167	
4. Debtor's address	Principal place of business 319 Bernardo Ave. Mountain View, CA 94043 Number, Street, City, State & ZIP Code Santa Clara County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	https://www.openmedicineinstitute.org/	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.4931

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Open Medicine Institute, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 23, 2020**
MM / DD / YYYY

X /s/ Laura Gingher
Signature of authorized representative of debtor

Title **Chief Executive Officer**

Laura Gingher
Printed name

18. Signature of attorney

X /s/ Jennifer C. Hayes
Signature of attorney for debtor

Date **November 23, 2020**
MM / DD / YYYY

Jennifer C. Hayes 197252
Printed name

Finestone Hayes LLP
Firm name

**456 Montgomery St.
20th Floor
San Francisco, CA 94104-1233**
Number, Street, City, State & ZIP Code

Contact phone **(415) 616-0466** Email address **jhayes@fhllawllp.com**

197252 CA
Bar number and State

Fill in this information to identify the case:

Debtor name Open Medicine Institute, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 23, 2020

X /s/ Laura Gingher

Signature of individual signing on behalf of debtor

Laura Gingher

Printed name

Chief Executive Officer

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Open Medicine Institute, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 349,059.07
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 349,059.07

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 118,610.41
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 132,608.14
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 18,196,460.79
4. Total liabilities Lines 2 + 3a + 3b	\$ 18,447,679.34

Fill in this information to identify the case:Debtor name Open Medicine Institute, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$0.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of AmericaChecking3251Unknown3.2. Bank of AmericaChecking0853Unknown3.3. Wells FargoChecking3930Unknown3.4. Wells FargoSavings2391\$0.003.5. Comerica BankChecking2389\$0.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.****\$0.00**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Debtor Open Medicine Institute, Inc.
Name

Case number (If known) _____

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits
Description, including name of holder of deposit

7.1. Deposit, Lawrence A. Smith, lease of a condominium in Wisconsin \$1,850.00

7.2. Deposit, Texas HCP Holding, lease of a clinic in Texas \$3,840.00

7.3. Deposit, Valley Research Park, lease of property at 319 Bernardo Ave., Mountain View, CA \$10,000.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent
Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$15,690.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less: 0.00 - 0.00 = Unknown
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

Debtor Open Medicine Institute, Inc.
Name

Case number (If known) _____

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Miscellaneous, located at former Wisconsin clinic	\$0.00		\$5,000.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Miscellaneous, valued at 50% of cost (computers, monitors, scanners, printers, software, firewalls), located at former Wisconsin clinic	\$0.00		\$25,000.00
42.	Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$30,000.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			

Debtor Open Medicine Institute, Inc.
Name

Case number (If known) _____

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Miscellaneous (desks, chairs, tables, cabinets, research and lab equipment, valued at 50% of amount paid) \$0.00 \$300,000.00

51. **Total of Part 8.** \$300,000.00
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Unknown if OMI has trademarks for Open Medicine Institute &/or OpenMedNet	<u>\$0.00</u>		<u>Unknown</u>

61. Internet domain names and websites www.openmedicineinstitute.org, www.omimv.org	<u>\$0.00</u>		<u>\$1,000.00</u>
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62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property Open Med Net EMR database. Processes and protocols for Covid Testing.	<u>\$0.00</u>		<u>Unknown</u>

65. **Goodwill**

66. **Total of Part 10.** \$1,000.00
Add lines 60 through 65. Copy the total to line 89.

Debtor Open Medicine Institute, Inc.
Name

Case number (If known) _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

<u>Flexis Inc.</u>	<u>2,369.07</u>	-	<u>0.00</u>	=	<u>\$2,369.07</u>
	Total face amount		doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

<u>See 2019 tax return, \$3,011,230 (net operating loss)</u>	Tax year <u>2018</u>	<u>Unknown</u>
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<u>See 2019 tax return, requested refund of \$18,000, Internal Revenue Service</u>	Tax year <u>2018</u>	<u>Unknown</u>
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73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Lawsuit filed by Debtor styled Open Medicine Institute,
Inc. v. Coppe Healthcare Solutions Inc. et al, Santa Clara
Superior Court, Case No. 20CV373341

Nature of claim	<u>Breach of fiduciary duty, fraud, RICO, and other claims</u>
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Amount requested	<u>\$15,000,000.00</u>
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Unknown

Lawsuit filed by Debtor styled Open Medicine Institute,
Inc. v. Open Medicine Clinic, Inc., Andreas Kogelnik, et
al., Santa County Superior Court, Case No. 20CV370747

Nature of claim	<u>Breach of fiduciary duty, fraud, common counts and other claims</u>
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Amount requested	<u>\$500,000.00</u>
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Unknown

Debtor Open Medicine Institute, Inc.
Name

Case number (If known) _____

Lawsuit filed by Debtor styled Open Medicine Institute, Inc. vs Basis Diagnostics et al., Santa Clara Superior Court, Case No. [awaiting assignment of case number]. Case filed on 11/20/20

Unknown

Nature of claim	Breach of fiduciary duty, conversion, trespass to chattels, and other claims
Amount requested	\$0.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Possible additional claims against Andreas Kogelnick and/or others

Unknown

Nature of claim	
Amount requested	\$0.00

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$2,369.07

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No
☐ Yes

Debtor Open Medicine Institute, Inc.
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$15,690.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$30,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$300,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$1,000.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$2,369.07</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$349,059.07</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$349,059.07</u>

Fill in this information to identify the case:Debtor name **Open Medicine Institute, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	CHTD Company Creditor's Name PO Box 2576 Springfield, IL 62708 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien UCC-1 #17-7568664707 Describe the lien Financing Stmt filed 1/31/17 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00

2.2	Corporation Service Company, as Rep Creditor's Name PO Box 2576 Springfield, IL 62708 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien UCC-1 # 16-7547261392 Describe the lien Financing Stmt Filed 9/21/16 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	Unknown \$0.00
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Debtor **Open Medicine Institute, Inc.**

Name

Case number (if known)

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 Kash Capital

Creditor's Name

**475 Northern Blvd
Great Neck, NY 11021**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

UCC-1 #19-7728860604

Unknown

\$0.00

Describe the lien

Financing Stmt, filed 8/20/19

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 Partners Capital Financial Services

Creditor's Name

**7808 Creekridge Cir Ste 250
Edina, MN 55439**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

UCC-1 #18-7672685303

Unknown

\$0.00

Describe the lien

Financing Stmt, filed 9/26/18

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 Queen Funding LLC

Creditor's Name

**2221 NE 164 St
North Miami Beach, FL
33160**

Creditor's mailing address

Describe debtor's property that is subject to a lien

UCC-1 #18-7662564570

Unknown

\$0.00

Describe the lien

Financing Stmt, filed 8/6/18

Is the creditor an insider or related party?

☒ No

Debtor **Open Medicine Institute, Inc.**

Case number (if known)

Name

Creditor's email address, if known

☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 Stearns Bank NA**

Creditor's Name

**500 13th St
Albany, MN 56307**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****FACSLyric, UCC-1 #18-7673123331****\$118,610.41****\$0.00****Describe the lien****Financing Stmt, filed 10/1/18****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Wells Fargo Vendor Fin. Services LLC**

Creditor's Name

**PO Box 35701
Billings, MT 59107**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****IVIS, UCC-1#20-7760026232; equipment returned to creditor prepetition****\$0.00****Unknown****Describe the lien****Financing Stmt, filed 1/30/20****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Debtor **Open Medicine Institute, Inc.**
Name

Case number (if known)

2.8

**West Coast Business
Capital**

Creditor's Name

**Corporation Service
Company
PO Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**UCC-1 #17-7597312143, Amendment
#19-77431004**

Describe the lien

Financing Stmt filed 7/21/17

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Unknown

\$0.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$118,610.41

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name **Open Medicine Institute, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Cal. Dept. Tax & Fee Administration 450 N. Street P.O. Box 942879 Sacramento, CA 94279 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.2	Priority creditor's name and mailing address Employment Development Department State of California Bankruptcy Unit-MIC 92E Sacramento, CA 94280-0001 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00

Debtor **Open Medicine Institute, Inc.**
Name

Case number (if known)

2.3 Priority creditor's name and mailing address
**Franchise Tax Board
State of California
P.O. Box 2952
Sacramento, CA 95812-5000**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$902.11 **\$0.00**

Date or dates debt was incurred

Basis for the claim:
Annual corporations fee

Last 4 digits of account number **9627**

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No

☐ Yes

2.4 Priority creditor's name and mailing address
**Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7316**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$131,706.03 **\$0.00**

Date or dates debt was incurred

Basis for the claim:
Taxes

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No

☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address
**Aftermath
75 Executive Dr, Ste 200
Aurora, IL 60504**

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00

Date(s) debt was incurred

Basis for the claim: **Trade debt-notice purposes only**

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address
**Airgas USA LLC
PO Box 102289
Pasadena, CA 91189-2289**

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00

Date(s) debt was incurred

Basis for the claim: **Trade debt-notice purposes only**

Last 4 digits of account number **3748**

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address
**Alhambra
PO Box 660579
Dallas, TX 75266-0579**

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

\$425.60

Date(s) debt was incurred

Basis for the claim: **Trade debt**

Last 4 digits of account number **6417**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Open Medicine Institute, Inc.**
Name

Case number (if known)

3.4	Nonpriority creditor's name and mailing address Amar Foundation 1760 The Alameda, Ste 300 San Jose, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000,000.00
3.5	Nonpriority creditor's name and mailing address Anthem Blue Cross PO Box 51011 Los Angeles, CA 90051-5311 Date(s) debt was incurred ____ Last 4 digits of account number <u>6220</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Health insurance--notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.6	Nonpriority creditor's name and mailing address Applied Air Filters Inc 38424 Cedar Blvd Newark, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt--notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.7	Nonpriority creditor's name and mailing address Arnold G. Werschky II MD 279 Miller Ave Mill Valley, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,053.00
3.8	Nonpriority creditor's name and mailing address ASC Therapeutics Inc. 319 N. Bernardo Avenue Attn: Steven Zhang Mountain View, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (deposit for vivarium services)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,500.00
3.9	Nonpriority creditor's name and mailing address Ascension Health Alliance PO Box 505307 Saint Louis, MO 63150 Date(s) debt was incurred ____ Last 4 digits of account number <u>2594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wisconsin lease--lease was surrendered in September 2020</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,647.12
3.10	Nonpriority creditor's name and mailing address AT&T PO Box 5014 Carol Stream, IL 60197-5014 Date(s) debt was incurred ____ Last 4 digits of account number <u>3889</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$463.00

Debtor **Open Medicine Institute, Inc.**
Name

Case number (if known)

3.11	Nonpriority creditor's name and mailing address AT&T P.O. Box 5025 Carol Stream, IL 60197-5025 Date(s) debt was incurred ____ Last 4 digits of account number <u>0505</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$402.87</u>
3.12	Nonpriority creditor's name and mailing address AT&T P.O. Box 5025 Carol Stream, IL 60197-5025 Date(s) debt was incurred ____ Last 4 digits of account number <u>4305</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$260.39</u>
3.13	Nonpriority creditor's name and mailing address AT&T P.O. Box 5019 Carol Stream, IL 60197-5019 Date(s) debt was incurred ____ Last 4 digits of account number <u>4562</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$756.23</u>
3.14	Nonpriority creditor's name and mailing address AT&T PO Box 5019 Carol Stream, IL 60197-5019 Date(s) debt was incurred ____ Last 4 digits of account number <u>5087</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,956.68</u>
3.15	Nonpriority creditor's name and mailing address AT&T Uverse (ERC - collections) PO Box 57610 Jacksonville, FL 32241 Date(s) debt was incurred ____ Last 4 digits of account number <u>0770</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$112.24</u>
3.16	Nonpriority creditor's name and mailing address Atlas Copco Compressors LLC 300 Technology Center Way, Ste 550 Rock Hill, SC 29730 Date(s) debt was incurred ____ Last 4 digits of account number <u>5141</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,470.14</u>
3.17	Nonpriority creditor's name and mailing address Bay Cities Lock & Safe 638 Auzerals Ave San Jose, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt-notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **Open Medicine Institute, Inc.**
Name

Case number (if known)

3.18	Nonpriority creditor's name and mailing address Becton, Dickinson and Company PO Box 100921 Pasadena, CA 91189-0921 Date(s) debt was incurred ____ Last 4 digits of account number <u>2729</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$19,764.50</u>
3.19	Nonpriority creditor's name and mailing address Brumar Cabinetry Inc 6685 Hwy 17 N Rhineland, WI 54501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,700.00</u>
3.20	Nonpriority creditor's name and mailing address CA State Board of Equalization PO Box 942879 Sacramento, CA 94279 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sales tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,770.16</u>
3.21	Nonpriority creditor's name and mailing address CBRE 400 S Hope St, 25th Fl Los Angeles, CA 90071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,692.00</u>
3.22	Nonpriority creditor's name and mailing address CellTrend GmbH Im Biotechnologiepark 3, 14943 Luckewalde, Germany Luckenwalde, DE 14943 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$501.00</u>
3.23	Nonpriority creditor's name and mailing address Cintas Fire Protection PO Box 636525 Cincinnati, OH 45263-6525 Date(s) debt was incurred ____ Last 4 digits of account number <u>3120</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,132.80</u>
3.24	Nonpriority creditor's name and mailing address Cintas Fire Protection PO Box 636525 Cincinnati, OH 45263-6525 Date(s) debt was incurred ____ Last 4 digits of account number <u>2186</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt-notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **Open Medicine Institute, Inc.**
Name

Case number (if known)

3.25	Nonpriority creditor's name and mailing address City of Mountain View PO Box 742745 Los Angeles, CA 90074-2745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,403.00
3.26	Nonpriority creditor's name and mailing address City of Mountain View PO Box 743338 Los Angeles, CA 90074-3338 Date(s) debt was incurred ____ Last 4 digits of account number 0008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,638.43
3.27	Nonpriority creditor's name and mailing address City of Mountain View PO Box 743338 Los Angeles, CA 90074-3338 Date(s) debt was incurred ____ Last 4 digits of account number 0006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,934.69
3.28	Nonpriority creditor's name and mailing address ClickTime 282 Second St, 4th Flr San Francisco, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
3.29	Nonpriority creditor's name and mailing address CNA PO Box 842060 Boston, MA 02284-2060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Insurance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
3.30	Nonpriority creditor's name and mailing address CNA Insurance PO Box 74007619 Chicago, IL 60674-7619 Date(s) debt was incurred ____ Last 4 digits of account number 3364	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Insurance premium Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,618.00
3.31	Nonpriority creditor's name and mailing address Colliers International CA Inc 6250 N River Rd, Ste 11-100 Des Plaines, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,282.00

Debtor **Open Medicine Institute, Inc.**
Name

Case number (if known)

3.32	Nonpriority creditor's name and mailing address Comerica Bank 15910 Ventura Blvd., 12th Floor Encino, CA 91436 Date(s) debt was incurred ____ Last 4 digits of account number <u>5606</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257,000.00
3.33	Nonpriority creditor's name and mailing address Comtel 1292 Hammerwood Ave Sunnyvale, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$540.00
3.34	Nonpriority creditor's name and mailing address Concord Technologies PO Box 84125 Seattle, WA 98124-5425 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,847.89
3.35	Nonpriority creditor's name and mailing address Cornerstone Recovery Services 1209 N. Saginaw Blvd., Ste. G-251 Attn: David Berkley Fort Worth, TX 76179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.36	Nonpriority creditor's name and mailing address DeAunne Denmark MD 5611 Beaumont Ave La Jolla, CA 92037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00
3.37	Nonpriority creditor's name and mailing address Decker Electric 1282 Folsom St San Francisco, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,587.00
3.38	Nonpriority creditor's name and mailing address Development Leverage Consulting LLC 857 Waverley St Palo Alto, CA 94301-2740 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt-notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.39	Nonpriority creditor's name and mailing address DirectTV PO Box 105249 Atlanta, GA 30348-5249 Date(s) debt was incurred ____ Last 4 digits of account number <u>8538</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.49
3.40	Nonpriority creditor's name and mailing address EC Group International c/o Allen Longcore PO Box 126 Allendale, MI 49401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224,736.26
3.41	Nonpriority creditor's name and mailing address ECO Compliance Corporation 35 Miller Ave, Ste 195 Mill Valley, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt-notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.42	Nonpriority creditor's name and mailing address El Camino Hospital 2500 Grant Road, Dept. #05663 Mountain View, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number <u>0106</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,646.00
3.43	Nonpriority creditor's name and mailing address Electro-Motion Incorporated 1001 O'Brien Dr Menlo Park, CA 94026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,369.00
3.44	Nonpriority creditor's name and mailing address Elim Biopharmaceuticals Inc 25495 Whitesell Street Hayward, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,400.00
3.45	Nonpriority creditor's name and mailing address Elliot Larson 1020 Mariposa St #2 San Francisco, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00

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3.46	Nonpriority creditor's name and mailing address Employers Preferred Ins Co PO Box 53089 Phoenix, AZ 85072-3089 Date(s) debt was incurred ____ Last 4 digits of account number <u>9801</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Worker's Compensation Insurance-notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.47	Nonpriority creditor's name and mailing address Eppendorf North America Inc PO Box 13275 Newark, NJ 07101-3275 Date(s) debt was incurred ____ Last 4 digits of account number <u>4701</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,971.77
3.48	Nonpriority creditor's name and mailing address Explora BioLabs 11175 Flintkote Ave, Ste B San Diego, CA 92121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.49	Nonpriority creditor's name and mailing address Facility Masters, Inc. 1604 Kerley Dr San Jose, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,906.62
3.50	Nonpriority creditor's name and mailing address FedEx PO Box 7221 Pasadena, CA 91109-7321 Date(s) debt was incurred ____ Last 4 digits of account number <u>5854</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt-notice purposes only (small credit owed to Debtor in sum of \$12.32)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.51	Nonpriority creditor's name and mailing address Financial Pacific Leasing Inc PO Box 749642 Los Angeles, CA 90074-9642 Date(s) debt was incurred ____ Last 4 digits of account number <u>9302</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,160.00
3.52	Nonpriority creditor's name and mailing address Financial Pacific Leasing Inc PO Box 749642 Los Angeles, CA 90074-9642 Date(s) debt was incurred ____ Last 4 digits of account number <u>9303</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,490.00

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3.53	Nonpriority creditor's name and mailing address Financial Pacific Leasing Inc PO Box 749642 Los Angeles, CA 90074-9642 Date(s) debt was incurred ____ Last 4 digits of account number <u>9301</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,551.26
3.54	Nonpriority creditor's name and mailing address Fisher Healthcare aka Thermo Fisher Scientific 13551 Collections Ctr Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$337.63
3.55	Nonpriority creditor's name and mailing address Fulgent Therapeutics LLC PO Box 748677 Los Angeles, CA 90074-8677 Date(s) debt was incurred ____ Last 4 digits of account number <u>5094</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.56	Nonpriority creditor's name and mailing address GCA Law Partners LLP 2570 W El Camino Real, Ste 400 Mountain View, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number <u>1297</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,785.00
3.57	Nonpriority creditor's name and mailing address Gilbert Meyer c/o Castle & Nicholson LLP 50 California Street, 32nd Floor San Francisco, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Donation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550,000.00
3.58	Nonpriority creditor's name and mailing address Greenough Consulting Group (GCG) 2570 W El Camino Real, Ste 400 Mountain View, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,785.00
3.59	Nonpriority creditor's name and mailing address Grifols USA LLC PO Box 749700 Los Angeles, CA 90074-9700 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,333.60

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3.60	Nonpriority creditor's name and mailing address Health Diagnostics - HDRI 540 Bordentown Ave, Ste 2300 South Amboy, NJ 08879 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,275.00
3.61	Nonpriority creditor's name and mailing address Howard Young Foundation P.O. Box 470 Woodruff, WI 54568 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200,000.00
3.62	Nonpriority creditor's name and mailing address Hsinyi (Lucy) Lu 455 Woodside Dr Woodside, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.63	Nonpriority creditor's name and mailing address Hurricane Electric LLC 760 Mission Ct Fremont, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00
3.64	Nonpriority creditor's name and mailing address Illumina Inc 12864 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number <u>3905</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
3.65	Nonpriority creditor's name and mailing address Integrated DNA Technologies Inc PO Box 74007330 Chicago, IL 60674-7330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$188.16
3.66	Nonpriority creditor's name and mailing address Kaiser Foundation Health Plan File 5915--NEED ADDRESS Los Angeles, CA 90074-5915 Date(s) debt was incurred ____ Last 4 digits of account number <u>0000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Health plan-notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.67	Nonpriority creditor's name and mailing address Khloris BioScience 319 N. Bernardo Avenue Attn: Dr. Lynn Bui Mountain View, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt (deposit for vivarium services) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,500.00
3.68	Nonpriority creditor's name and mailing address KOBZA2 Inc 2083 Old Middlefield Way, Ste 100 Mountain View, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number 0237	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260.00
3.69	Nonpriority creditor's name and mailing address Larry S Kent Inc dba Kent Construction 8505 Church St, Ste 12 Gilroy, CA 95020-4262 Date(s) debt was incurred ____ Last 4 digits of account number 2171	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,233.39
3.70	Nonpriority creditor's name and mailing address Lawrence A Smith II 4105 James Dr Oklahoma City, OK 73145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wisconsin condominium Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00
3.71	Nonpriority creditor's name and mailing address Life Length LLC 21218 St Andrews Blvd 236 Boca Raton, FL 33433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.00
3.72	Nonpriority creditor's name and mailing address Life Technologies Corporation 12088 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.61
3.73	Nonpriority creditor's name and mailing address Mark Yin 10704 Martinwood Way Cupertino, CA 95014-4422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,000.00

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3.74	Nonpriority creditor's name and mailing address McMaster-Carr PO Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred ____ Last 4 digits of account number <u>6200</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$307.16</u>
3.75	Nonpriority creditor's name and mailing address Mehrdad Yazdani 431 El Camino Real, Apt 4402 Santa Clara, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,444.31</u>
3.76	Nonpriority creditor's name and mailing address Merritt Hawkins and Associates PO Box 281943 Atlanta, GA 30384-1943 Date(s) debt was incurred ____ Last 4 digits of account number <u>PQAB</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$31,276.54</u>
3.77	Nonpriority creditor's name and mailing address Millipore Sigma 400 Summit Dr Burlington, MA 01803 Date(s) debt was incurred ____ Last 4 digits of account number <u>0575</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,644.32</u>
3.78	Nonpriority creditor's name and mailing address Mission Bio Inc 6000 Shoreline Ct, Ste 104 South San Francisco, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$202,958.00</u>
3.79	Nonpriority creditor's name and mailing address Morrison Foerster 425 Market St. San Francisco, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,192.00</u>
3.80	Nonpriority creditor's name and mailing address Murrieta Genomics 26442 Beckman Court Murrieta, CA 92562 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,260.00</u>

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3.81	Nonpriority creditor's name and mailing address National Jewish Health 1400 Jackson St, M011 Denver, CO 80206 Date(s) debt was incurred ____ Last 4 digits of account number <u>1810</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$265.56</u>
3.82	Nonpriority creditor's name and mailing address On Deck Credit Line 1400 Broadway New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number <u>6405</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit line</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,138.00</u>
3.83	Nonpriority creditor's name and mailing address On Deck Credit Line 1400 Broadway New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number <u>8816</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit line</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$135,147.91</u>
3.84	Nonpriority creditor's name and mailing address Opentrons Labworks Inc 20 Jay St, Ste 5828 Brooklyn, NY 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,380.00</u>
3.85	Nonpriority creditor's name and mailing address Partners Capital Group 201 E Sandpointe Suite 500 Santa Ana, CA 92707 Date(s) debt was incurred ____ Last 4 digits of account number <u>295</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$27,972.00</u>
3.86	Nonpriority creditor's name and mailing address PC Solutions 3774 P Loop Washougal, WA 98671 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt-notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.87	Nonpriority creditor's name and mailing address PG&E Box 997300 Sacramento, CA 95899-7300 Date(s) debt was incurred ____ Last 4 digits of account number <u>3577</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$253,567.35</u>

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3.88	Nonpriority creditor's name and mailing address PG&E Box 997300 Sacramento, CA 95899-7300 Date(s) debt was incurred ____ Last 4 digits of account number <u>5168</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$213,598.40
3.89	Nonpriority creditor's name and mailing address Platina Systems Corporation 3180 De La Cruz Blvd #110 Santa Clara, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,710.00
3.90	Nonpriority creditor's name and mailing address Pleasant Plus Technologies Private Ltd No 49, Chitlapakkam Main Rd Mahalakshmi Nagar INDIA 600073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt-notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.91	Nonpriority creditor's name and mailing address PR Newswire PO Box 5897 New York, NY 10087-5897 Date(s) debt was incurred ____ Last 4 digits of account number <u>1839</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
3.92	Nonpriority creditor's name and mailing address Praxair Distribution Inc 10829 Etiwanda Ave Fontana, CA 92337 Date(s) debt was incurred ____ Last 4 digits of account number <u>1138</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$872.22
3.93	Nonpriority creditor's name and mailing address QIAGEN Inc PO Box 5132 Carol Stream, IL 60197-5132 Date(s) debt was incurred ____ Last 4 digits of account number <u>5541</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,140.93
3.94	Nonpriority creditor's name and mailing address Quill LLC PO Box 37600 Philadelphia, PA 19101-0600 Date(s) debt was incurred ____ Last 4 digits of account number <u>9670</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,290.98

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3.95	Nonpriority creditor's name and mailing address R&D Systems Inc 614 McKinley Place NE Minneapolis, MN 55413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,721.73</u>
3.96	Nonpriority creditor's name and mailing address Rajiv Naidu c/o Buchalter, Attn: Valerie Bantner Peo 55 Second Street, Suite 1700 San Francisco, CA 94105-3493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$257,006.84</u>
3.97	Nonpriority creditor's name and mailing address Randox 515 Industrial Boulevard Kearneysville, WV 25430 Date(s) debt was incurred ____ Last 4 digits of account number <u>C505</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$170,000.00</u>
3.98	Nonpriority creditor's name and mailing address Ready Capital 1251 Avenue of the Americas 50th Floor New York, NY 10020 Date(s) debt was incurred ____ Last 4 digits of account number <u>4338</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PPP Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$350,000.00</u>
3.99	Nonpriority creditor's name and mailing address Refuge Biotechnologies 319 N. Bernardo Avenue Attn: Zhifen Zhang Mountain View, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (deposit for vivarium services)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$22,500.00</u>
3.100	Nonpriority creditor's name and mailing address Retarus (North America) Inc 300 Lighting Way, Ste 315 Secaucus, NJ 07094 Date(s) debt was incurred ____ Last 4 digits of account number <u>20US</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,127.47</u>
3.101	Nonpriority creditor's name and mailing address Revolution Medicine Inc. 319 N. Bernardo Avenue Attn: Tim Viella Mountain View, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt (deposit for vivarium services)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$84,050.00</u>

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3.102	Nonpriority creditor's name and mailing address Rock Creek Advisors LLC 555 Fifth Ave, 14th Flr New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.103	Nonpriority creditor's name and mailing address Sabah International Incorporated 5925 Stoneridge Dr Pleasanton, CA 94588 Date(s) debt was incurred ____ Last 4 digits of account number <u>9563</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$690.00
3.104	Nonpriority creditor's name and mailing address SCC DTAC (County of Santa Clara) 70 W Hedding St, East Wing, 6th Flr San Jose, CA 95110-1767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,231.79
3.105	Nonpriority creditor's name and mailing address Seqmatic LLC 44846 Osgood Rd Fremont, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,350.00
3.106	Nonpriority creditor's name and mailing address Sierra Internal Medicine Inc 926 Incline Way, Ste 250 Incline Village, NV 89451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,500.20
3.107	Nonpriority creditor's name and mailing address Spark Factor Design 555 Bryant St #397 Palo Alto, CA 94301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,323.92
3.108	Nonpriority creditor's name and mailing address Spark Factor Design 555 Bryant St #397 Palo Alto, CA 94301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,706,000.00

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3.109	Nonpriority creditor's name and mailing address Spark Factor Design 555 Bryant St #397 Palo Alto, CA 94301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,700,000.00</u>
3.110	Nonpriority creditor's name and mailing address Spectrum/Charter Communications PO Box 94188 Palatine, IL 60094-4188 Date(s) debt was incurred ____ Last 4 digits of account number <u>9126</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$131.96</u>
3.111	Nonpriority creditor's name and mailing address Stearns Bank NA 500 13th St Albany, MN 56307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,517.04</u>
3.112	Nonpriority creditor's name and mailing address T3 Realty Advisors West Corp PO Box 741047 Los Angeles, CA 90074-1047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,356.00</u>
3.113	Nonpriority creditor's name and mailing address TechSmart Air Conditioning Inc 16035 Caputo Dr, Ste E Morgan Hill, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,722.88</u>
3.114	Nonpriority creditor's name and mailing address Texas HCP Holding LP -Lincoln Harris CSG PO Box 741047 Los Angeles, CA 90074-1047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Houston, Texas lease</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>\$33,311.20</u>
3.115	Nonpriority creditor's name and mailing address Tim Spaeder 1334 Padstone Dr Apex, NC 27502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,034.27</u>

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3.116	Nonpriority creditor's name and mailing address Tony's Clean Team LLC PO Box 51715 Palo Alto, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt-notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117	Nonpriority creditor's name and mailing address TriNet HR III, Inc. 15500 B Rockfield Blvd Alan L. Brodtkin & Associates Irvine, CA 92618 Date(s) debt was incurred ____ Last 4 digits of account number 3271	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,648.00
3.118	Nonpriority creditor's name and mailing address Trucker Huss One Embarcadero Center, 12th Flr San Francisco, CA 94111-3628 Date(s) debt was incurred ____ Last 4 digits of account number 8001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,445.50
3.119	Nonpriority creditor's name and mailing address Twist Medical LLC 1325 Howard St, Ste 530 Burlingame, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,000.00
3.120	Nonpriority creditor's name and mailing address UC Davis Health 4900 Broadway Suite 2600 Sacramento, CA 95820-1532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
3.121	Nonpriority creditor's name and mailing address Uline PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,818.25
3.122	Nonpriority creditor's name and mailing address Unity Lab Svcs/Thermo Fisher Scientific 168 Third Avenue Waltham, MA 02451 Date(s) debt was incurred ____ Last 4 digits of account number 4747	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,435.61

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3.123	Nonpriority creditor's name and mailing address University of Washington Lab Med PO Box 9468 Seattle, WA 98109-0468 Date(s) debt was incurred ____ Last 4 digits of account number <u>MVDKBC</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,506.26
3.124	Nonpriority creditor's name and mailing address UPS 780 W Army Trail Rd Carol Stream, IL 60132-0577 Date(s) debt was incurred ____ Last 4 digits of account number <u>71FV</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.58
3.125	Nonpriority creditor's name and mailing address Van Ert Electric Company Inc 7019 W Stewart Ave Wausau, WI 54401-9230 Date(s) debt was incurred ____ Last 4 digits of account number <u>HOWYOU</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,810.00
3.126	Nonpriority creditor's name and mailing address Vanni Properties Inc-Vanni Business Park 8080 Santa Teresa Blvd Suite 210 Gilroy, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Mountain View Lease-notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.127	Nonpriority creditor's name and mailing address VetEquip Inc 1452 N Vasco Rd #303 Livermore, CA 94551 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt-notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.128	Nonpriority creditor's name and mailing address ViaSat 6155 El Camino Real Carlsbad, CA 92009-1699 Date(s) debt was incurred ____ Last 4 digits of account number <u>8290</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$578.10
3.129	Nonpriority creditor's name and mailing address VWR International LLC PO Box 640169 Pittsburgh, PA 15264-0169 Date(s) debt was incurred ____ Last 4 digits of account number <u>4787</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,438.16

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3.130	Nonpriority creditor's name and mailing address WCG WIRB-Western Inst. Review Bd PO Box 150434 Dept. 106091 Hartford, CT 06115-0434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$36,430.00</u>
3.131	Nonpriority creditor's name and mailing address Wells Fargo Vendor Financial Services PO Box 030310 Los Angeles, CA 90030-0310 Date(s) debt was incurred ____ Last 4 digits of account number <u>8834</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease-IVIS Machine, surrendered prepetition</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$140,000.00</u>
3.132	Nonpriority creditor's name and mailing address Whoop Inc 1325 Boylston St, Ste 401 Boston, MA 02215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,068.13</u>
3.133	Nonpriority creditor's name and mailing address Working Dirt R2 LLC 555 Bryant St #249 Palo Alto, CA 94301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,725,000.00</u>
3.134	Nonpriority creditor's name and mailing address WSGR (Wilson Sonsini Goodrich & Rosati) 650 Page Mill Road Palo Alto, CA 94304-1050 Date(s) debt was incurred ____ Last 4 digits of account number <u>2000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$182.00</u>
3.135	Nonpriority creditor's name and mailing address Zee Medical Service Co 1721-A Junction Ave PO Box 610878 San Jose, CA 95161 Date(s) debt was incurred ____ Last 4 digits of account number <u>5698</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,748.69</u>
3.136	Nonpriority creditor's name and mailing address Zymo Research Corporation 17062 Murphy Ave Irvine, CA 92614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt: refund of \$6,991.26 requested</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Part 3: List Others to Be Notified About Unsecured Claims

Debtor **Open Medicine Institute, Inc.** Case number (if known) _____
Name

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 132,608.14
5b. +	\$ 18,196,460.79
5c.	\$ 18,329,068.93

Fill in this information to identify the case:Debtor name **Open Medicine Institute, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Executory contract:
Vivarium Services
Agreement dated April 14, 2019; animal research facility management, consulting, and related services
18 months (aprx)**Explora BioLabs**
11175 Flintkote Avenue, Suite B
San Diego, CA 92121

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Equipment lease: Brain monitor, contract dated 2/1/16, five-year term.**3 months (aprx)****Financial Pacific Leasing Inc**
PO Box 749642
Los Angeles, CA 90074-9642

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Equipment lease:
Eppendorf incubator, contract dated 12/26/16, five-year term
13 months (aprx)**Financial Pacific Leasing Inc**
PO Box 749642
Los Angeles, CA 90074-9642

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Equipment lease: VWR International freezer, contract dated 4/10/17, five-year lease
17 months (aprx)**Financial Pacific Leasing Inc**
PO Box 749642
Los Angeles, CA 90074-9642

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Residential real property lease dated May 13, 2019; two-year term; condominium located at 311 E. Park Avenue, Minocqua, Wisconsin 54548; lease surrendered and keys returned to landlord in June 2020

State the term remaining

0 months

List the contract number of any government contract

**Lawrence A Smith II
c/o Agent for Service of Process
4815 Rib River Trail
Wausau, WI 54401**

2.6. State what the contract or lease is for and the nature of the debtor's interest

Equipment lease: Second piece for FACSLyric equipment, dated 9/20/18, contract #39295, five-year term 37 months (aprx)

State the term remaining

List the contract number of any government contract

**Partners Capital Group
201 E. Sandpointe
Suite 500
Santa Ana, CA 92707**

2.7. State what the contract or lease is for and the nature of the debtor's interest

Equipment lease, FACSLyric IVD, 60 installment payments, contract #2172888-001, contract date 9/6/18 34 months aprx

State the term remaining

List the contract number of any government contract

**Stearns Bank NA
500 13th St
Albany, MN 56307**

2.8. State what the contract or lease is for and the nature of the debtor's interest

Real property lease located at 7400 Fannin, Suite 810, Houston, TX 77054, dated November 1, 2019. Lease term is for one year, two months, twenty-four days. Lease commenced on November 8, 2019. 2 months (aprx)

State the term remaining

List the contract number of any government contract

**Texas HCP Holding LP (Lincoln Harris CSG)
PO Box 741047
Los Angeles, CA 90074-1047**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.9. State what the contract or lease is for and the nature of the debtor's interest

Real property lease of aprx. 20,000 square feet in 319 Bernardo Ave., Mountain View, CA; vivarium is being operated there. Currently there are aprx 2,500 mice in the vivarium
Aprx 11 months

State the term remaining

List the contract number of any government contract _____

**Valley Research Park
319 N. Bernardo Ave.
Attn: Jon Cain
Mountain View, CA 94043**

2.10. State what the contract or lease is for and the nature of the debtor's interest

Executory contract: Master Incubator Services Agreement dated October 28, 2020
11 months (aprx)

State the term remaining

List the contract number of any government contract _____

**Valley Research Park
319 North Bernardo Ave.
Attn: Jon Cain
Mountain View, CA 94043**

2.11. State what the contract or lease is for and the nature of the debtor's interest

Equipment lease: IVIS machine purchased from PerkinElmer and leased by Wells Fargo, pre-tax sale price of \$168,475.39. Equipment surrendered to Wells Fargo prepetition
n/a

State the term remaining

List the contract number of any government contract _____

**Wells Fargo Vendor Fin. Services LLC
PO Box 35701
Billings, MT 59107**

Fill in this information to identify the case:

Debtor name **Open Medicine Institute, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Andreas Kogelnik** **1143 Webster St
Palo Alto, CA 94301**

☐ D _____
☐ E/F _____
☐ G _____

2.2 **Andreas Kogelnik** **1143 Webster Street
Palo Alto, CA 94301**

Kash Capital

☒ D **2.3**
☐ E/F _____
☐ G _____

2.3 **Andreas Kogelnik** **1143 Webster Street
Palo Alto, CA 94301**

**Partners Capital
Financial Services**

☒ D **2.4**
☐ E/F _____
☐ G _____

2.4 **Andreas Kogelnik** **1143 Webster Street
Palo Alto, CA 94301**

Stearns Bank NA

☒ D **2.6**
☐ E/F _____
☐ G _____

2.5 **Andreas Kogelnik** **1143 Webster Street
Palo Alto, CA 94301**

**Wells Fargo Vendor
Fin. Services LLC**

☒ D **2.7**
☐ E/F _____
☐ G _____

Debtor **Open Medicine Institute, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Andreas Kogelnik	1143 Webster Street Palo Alto, CA 94301	West Coast Business Capital	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	Andreas Kogelnik	1143 Webster Street Palo Alto, CA 94301	On Deck Credit Line	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.83</u> <input type="checkbox"/> G _____
2.8	Andreas Kogelnik	1143 Webster Street Palo Alto, CA 94301	Spark Factor Design	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.108</u> <input type="checkbox"/> G _____
2.9	Andreas Kogelnik	1143 Webster Street Palo Alto, CA 94301	Working Dirt R2 LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.133</u> <input type="checkbox"/> G _____
2.10	Andreas M. Kogelnik	1143 Webster Street Palo Alto, CA 94301	Queen Funding LLC	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.11	Andreas Kogelnick	1143 Webster St Palo Alto, CA 94301	Stearns Bank NA	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.7</u>
2.12	Andreas Kogelnick	1143 Webster St Palo Alto, CA 94301	Financial Pacific Leasing Inc	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
2.13	Andreas Kogelnik	1143 Webster St Palo Alto, CA 94301	Financial Pacific Leasing Inc	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.3</u>

Debtor Open Medicine Institute, Inc.

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Andreas Kogelnik	1143 Webster St Palo Alto, CA 94301	Financial Pacific Leasing Inc	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.4</u>
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2.15	Andreas Kogelnik	1143 Webster St Palo Alto, CA 94301	Partners Capital Group	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.6</u>
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Fill in this information to identify the case:Debtor name Open Medicine Institute, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2020** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$4,586,702.82****For prior year:**From **1/01/2019** to **12/31/2019**☒ Operating a business☐ Other _____**\$4,626,754.40****For year before that:**From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other _____**\$4,984,788.68****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From **1/01/2020** to **Filing Date****Interest****\$75.65****For year before that:**From **1/01/2018** to **12/31/2018****Interest****\$14.60****Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. See attached Exhibit A		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See Attachment A		\$1,311,827.43	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Bayview Resources vs Open Medicine Institute, Inc. Case #19CV359744.		Santa Clara County Superior Court 191 North First Street San Jose, CA 95113	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	Texas HCP Holding, L.P. v. Open Medicine Institute, Inc. 1158751	Breach of commercial property lease located at 7400 Fannin, Suite 810, Houston, Texas	Harris County Civil Court 201 Caroline #532 Houston, TX 77002	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Rajiv Naidu v. Open Medicine Institute, Inc. 20CV370297	Breach of contract, open book account, account stated	Santa Clara County Superior Court 191 North First Street San Jose, CA 95113	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	EC Group International, Inc. v. Open Medicine Institute, Inc. 20-00641-CBB		State of Michigan 17th Judicial District 180 Ottawa NW Grand Rapids, MI 49503	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.5.	TRINET HR III, Inc. 20CV362342	Breach of contract and common counts	Santa Clara County Superior Court 191 North First Street San Jose, CA 95113	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Finestone Hayes LLP 456 Montgomery Street 20th Floor San Francisco, CA 94104		8/12/20, \$15,000; 10/19/20, \$10,000; 11/11/20, \$15,000	\$40,000.00
	Email or website address <u>www.fhlawllp.com</u>			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 2500 Hospital Dr Suite 200 Mountain View, CA 94040	

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

**Open Medicine Institute, Inc. 401k plan run by Guideline.
Terminated on 10/15/20**

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

- ☐ No
☒ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Comerica Bank 1717 Main Street Dallas, TX 75201	XXXX-2389	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__		Unknown
18.2.	Bank of America 501 Brannan Street San Francisco, CA 94107	XXXX-3086	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	November 13, 2020	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Open Medicine Clinic c/o Andreas Kogelnik 1143 Webster St Palo Alto, CA 94301		Dates business existed EIN: 26-4397917 From-To
25.2. Coppe Healthcare Solutions Inc. 16192 Coastal Hwy Lewes, DE 19958	Laboratory Testing	EIN: From-To
25.3. Basis Diagnostics Inc. 39655 Eureka Dr Newark, CA 94560	Laboratory Testing	EIN: From-To

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Eileen Guell (Kelleher) 1390 Broadway St #B206 Placerville, CA 95667	May 2018 to May 2020

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	---

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
--	-------------------	---

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Valley Community Fund, Inc.	555 Bryant St., #318 Palo Alto, CA 94301	Shareholder, 7,800,000 shares	81.6754%
Name	Address	Position and nature of any interest	% of interest, if any
Spark Factor Design	555 Bryant St #397 Palo Alto, CA 94301	Shareholder, 1,225,000	12.82722%
Name	Address	Position and nature of any interest	% of interest, if any
Allan May	455 Woodside Drive Redwood City, CA 94062	Promised 25,000 shares	0.26178%
Name	Address	Position and nature of any interest	% of interest, if any
Andreas Kogelnik	39655 Eureka Dr Newark, CA 94560	Shareholder, 500,000 shares	5.2356%
Name	Address	Position and nature of any interest	% of interest, if any
Abraham Farag	319 N. Bernardo Avenue CA 94034	Director	
Name	Address	Position and nature of any interest	% of interest, if any
Laura Gingher	319 N. Bernardo Avenue CA 94034	Director	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Andreas Kogelnik	39655 Eureka Dr. Newark, CA 94560	Former director and CEO (2009 to June 2018)	Director: from 2009 to August 2020

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Attachment A			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor Open Medicine Institute, Inc.

Case number (if known) _____

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 23, 2020

/s/ Laura Gingher
Signature of individual signing on behalf of the debtor

Laura Gingher
Printed name

Position or relationship to debtor Chief Executive Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA**

In re
Open Medicine Institute, Inc.

Case No.

Debtor(s). /

CREDITOR MATRIX COVER SHEET

I declare that the attached Creditor Mailing Matrix, consisting of 19 sheets, contains the correct, complete and current names and addresses of all priority, secured and unsecured creditors listed in debtor's filing and that this matrix conforms with the Clerk's promulgated requirements.

DATED: **November 23, 2020**

/s/ Jennifer C. Hayes

Signature of Debtor's Attorney or Pro Per Debtor

Aftermath
75 Executive Dr, Ste 200
Aurora, IL 60504

Airgas USA LLC
PO Box 102289
Pasadena, CA 91189-2289

Alhambra
PO Box 660579
Dallas, TX 75266-0579

Amar Foundation
1760 The Alameda, Ste 300
San Jose, CA 95126

Andreas Kogelnick
1143 Webster St
Palo Alto, CA 94301

Andreas Kogelnik
1143 Webster St
Palo Alto, CA 94301

Andreas Kogelnik
1143 Webster Street
Palo Alto, CA 94301

Andreas M. Kogelnik
1143 Webster Street
Palo Alto, CA 94301

Anthem Blue Cross
PO Box 51011
Los Angeles, CA 90051-5311

Applied Air Filters Inc
38424 Cedar Blvd
Newark, CA 94560

Arnold G. Werschky II MD
279 Miller Ave
Mill Valley, CA 94941

ASC Therapeutics Inc.
319 N. Bernardo Avenue
Attn: Steven Zhang
Mountain View, CA 94043

Ascension Health Alliance
PO Box 505307
Saint Louis, MO 63150

AT&T
PO Box 5014
Carol Stream, IL 60197-5014

AT&T
P.O. Box 5025
Carol Stream, IL 60197-5025

AT&T
P.O. Box 5019
Carol Stream, IL 60197-5019

AT&T
PO Box 5019
Carol Stream, IL 60197-5019

AT&T Uverse (ERC - collections)
PO Box 57610
Jacksonville, FL 32241

Atlas Copco Compressors LLC
300 Technology Center Way, Ste 550
Rock Hill, SC 29730

Bay Cities Lock & Safe
638 Auzerais Ave
San Jose, CA 95126

Becton, Dickinson and Company
PO Box 100921
Pasadena, CA 91189-0921

Brumar Cabinetry Inc
6685 Hwy 17 N
Rhineland, WI 54501

CA State Board of Equalization
PO Box 942879
Sacramento, CA 94279

Cal. Dept. Tax & Fee Administration
450 N. Street
P.O. Box 942879
Sacramento, CA 94279

CBRE
400 S Hope St, 25th Fl
Los Angeles, CA 90071

CellTrend Gmbh
Im Biotechnologiepark 3, 14943
Luckewalde, Germany
Luckenwalde, DE 14943

CHTD Company
PO Box 2576
Springfield, IL 62708

Cintas Fire Protection
PO Box 636525
Cincinnati, OH 45263-6525

City of Mountain View
PO Box 742745
Los Angeles, CA 90074-2745

City of Mountain View
PO Box 743338
Los Angeles, CA 90074-3338

ClickTime
282 Second St, 4th Flr
San Francisco, CA 94105

CNA
PO Box 842060
Boston, MA 02284-2060

CNA Insurance
PO Box 74007619
Chicago, IL 60674-7619

Colliers International CA Inc
6250 N River Rd, Ste 11-100
Des Plaines, IL 60018

Comerica Bank
15910 Ventura Blvd., 12th Floor
Encino, CA 91436

Comtel
1292 Hammerwood Ave
Sunnyvale, CA 94089

Concord Technologies
PO Box 84125
Seattle, WA 98124-5425

Cornerstone Recovery Services
1209 N. Saginaw Blvd., Ste. G-251
Attn: David Berkley
Fort Worth, TX 76179

Corporation Service Company, as Rep
PO Box 2576
Springfield, IL 62708

DeAunne Denmark MD
5611 Beaumont Ave
La Jolla, CA 92037

Decker Electric
1282 Folsom St
San Francisco, CA 94103

Development Leverage Consulting LLC
857 Waverley St
Palo Alto, CA 94301-2740

DirectTV
PO Box 105249
Atlanta, GA 30348-5249

EC Group International
c/o Allen Longcore
PO Box 126
Allendale, MI 49401

ECO Compliance Corporation
35 Miller Ave, Ste 195
Mill Valley, CA 94941

El Camino Hospital
2500 Grant Road, Dept. #05663
Mountain View, CA 94040

Electro-Motion Incorporated
1001 O'Brien Dr
Menlo Park, CA 94026

Elim Biopharmaceuticals Inc
25495 Whitesell Street
Hayward, CA 94545

Elliot Larson
1020 Mariposa St #2
San Francisco, CA 94107

Employers Preferred Ins Co
PO Box 53089
Phoenix, AZ 85072-3089

Employment Development Department
State of California
Bankruptcy Unit-MIC 92E
Sacramento, CA 94280-0001

Eppendorf North America Inc
PO Box 13275
Newark, NJ 07101-3275

Explora BioLabs
11175 Flintkote Ave, Ste B
San Diego, CA 92121

Explora BioLabs
11175 Flintkote Avenue, Suite B
San Diego, CA 92121

Facility Masters, Inc.
1604 Kerley Dr
San Jose, CA 95112

FedEx
PO Box 7221
Pasadena, CA 91109-7321

Financial Pacific Leasing Inc
PO Box 749642
Los Angeles, CA 90074-9642

Fisher Healthcare
aka Thermo Fisher Scientific
13551 Collections Ctr Dr
Chicago, IL 60693

Franchise Tax Board
State of California
P.O. Box 2952
Sacramento, CA 95812-5000

Fulgent Therapeutics LLC
PO Box 748677
Los Angeles, CA 90074-8677

GCA Law Partners LLP
2570 W El Camino Real, Ste 400
Mountain View, CA 94040

Gilbert Meyer
c/o Castle & Nicholson LLP
50 California Street, 32nd Floor
San Francisco, CA 94111

Greenough Consulting Group (GCG)
2570 W El Camino Real, Ste 400
Mountain View, CA 94040

Grifols USA LLC
PO Box 749700
Los Angeles, CA 90074-9700

Health Diagnostics - HDRI
540 Bordentown Ave, Ste 2300
South Amboy, NJ 08879

Howard Young Foundation
P.O. Box 470
Woodruff, WI 54568

Hsinyi (Lucy) Lu
455 Woodside Dr
Woodside, CA 94062

Hurricane Electric LLC
760 Mission Ct
Fremont, CA 94539

Illumina Inc
12864 Collections Center Dr
Chicago, IL 60693

Integrated DNA Technologies Inc
PO Box 74007330
Chicago, IL 60674-7330

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7316

Kaiser Foundation Health Plan
File 5915--NEED ADDRESS
Los Angeles, CA 90074-5915

Kash Capital
475 Northern Blvd
Great Neck, NY 11021

Khloris BioScience
319 N. Bernardo Avenue
Attn: Dr. Lynn Bui
Mountain View, CA 94043

KOBZA2 Inc
2083 Old Middlefield Way, Ste 100
Mountain View, CA 94043

Larry S Kent Inc dba Kent Construction
8505 Church St, Ste 12
Gilroy, CA 95020-4262

Lawrence A Smith II
4105 James Dr
Oklahoma City, OK 73145

Lawrence A Smith II
c/o Agent for Service of Process
4815 Rib River Trail
Wausau, WI 54401

Life Length LLC
21218 St Andrews Blvd 236
Boca Raton, FL 33433

Life Technologies Corporation
12088 Collections Center Dr
Chicago, IL 60693

Mark Yin
10704 Martinwood Way
Cupertino, CA 95014-4422

McMaster-Carr
PO Box 7690
Chicago, IL 60680-7690

Mehrdad Yazdani
431 El Camino Real, Apt 4402
Santa Clara, CA 95050

Merritt Hawkins and Associates
PO Box 281943
Atlanta, GA 30384-1943

Millipore Sigma
400 Summit Dr
Burlington, MA 01803

Mission Bio Inc
6000 Shoreline Ct, Ste 104
South San Francisco, CA 94080

Morrison Foerster
425 Market St.
San Francisco, CA 94105

Murrieta Genomics
26442 Beckman Court
Murrieta, CA 92562

National Jewish Health
1400 Jackson St, M011
Denver, CO 80206

On Deck Credit Line
1400 Broadway
New York, NY 10018

Opentrons Labworks Inc
20 Jay St, Ste 5828
Brooklyn, NY 11201

Partners Capital Financial Services
7808 Creekridge Cir Ste 250
Edina, MN 55439

Partners Capital Group
201 E Sandpointe
Suite 500
Santa Ana, CA 92707

Partners Capital Group
201 E. Sandpointe
Suite 500
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PC Solutions
3774 P Loop
Washougal, WA 98671

PG&E
Box 997300
Sacramento, CA 95899-7300

Platina Systems Corporation
3180 De La Cruz Blvd #110
Santa Clara, CA 95054

Pleasant Plus Technologies Private Ltd
No 49, Chitlapakkam Main Rd
Mahalakshmi Nagar
INDIA 600073

PR Newswire
PO Box 5897
New York, NY 10087-5897

Praxair Distribution Inc
10829 Etiwanda Ave
Fontana, CA 92337

QIAGEN Inc
PO Box 5132
Carol Stream, IL 60197-5132

Queen Funding LLC
2221 NE 164 St
North Miami Beach, FL 33160

Quill LLC
PO Box 37600
Philadelphia, PA 19101-0600

R&D Systems Inc
614 McKinley Place NE
Minneapolis, MN 55413

Rajiv Naidu
c/o Buchalter, Attn: Valerie Bantner Peo
55 Second Street, Suite 1700
San Francisco, CA 94105-3493

Randox
515 Industrial Boulevard
Kearneysville, WV 25430

Ready Capital
1251 Avenue of the Americas
50th Floor
New York, NY 10020

Refuge Biotechnologies
319 N. Bernardo Avenue
Attn: Zhifen Zhang
Mountain View, CA 94043

Retarus (North America) Inc
300 Lighting Way, Ste 315
Secaucus, NJ 07094

Revolution Medicine Inc.
319 N. Bernardo Avenue
Attn: Tim Viella
Mountain View, CA 94043

Rock Creek Advisors LLC
555 Fifth Ave, 14th Flr
New York, NY 10017

Sabah International Incorporated
5925 Stoneridge Dr
Pleasanton, CA 94588

SCC DTAC (County of Santa Clara)
70 W Hedding St, East Wing, 6th Flr
San Jose, CA 95110-1767

Seqmatic LLC
44846 Osgood Rd
Fremont, CA 94539

Sierra Internal Medicine Inc
926 Incline Way, Ste 250
Incline Village, NV 89451

Spark Factor Design
555 Bryant St #397
Palo Alto, CA 94301

Spectrum/Charter Communications
PO Box 94188
Palatine, IL 60094-4188

Stearns Bank NA
500 13th St
Albany, MN 56307

T3 Realty Advisors West Corp
PO Box 741047
Los Angeles, CA 90074-1047

TechSmart Air Conditioning Inc
16035 Caputo Dr, Ste E
Morgan Hill, CA 95037

Texas HCP Holding LP (Lincoln Harris CSG
PO Box 741047
Los Angeles, CA 90074-1047

Texas HCP Holding LP -Lincoln Harris CSG
PO Box 741047
Los Angeles, CA 90074-1047

Tim Spaeder
1334 Padstone Dr
Apex, NC 27502

Tony's Clean Team LLC
PO Box 51715
Palo Alto, CA 94303

TriNet HR III, Inc.
15500 B Rockfield Blvd
Alan L. Brodtkin & Associates
Irvine, CA 92618

Trucker Huss
One Embarcadero Center, 12th Flr
San Francisco, CA 94111-3628

Twist Medical LLC
1325 Howard St, Ste 530
Burlingame, CA 94010

UC Davis Health
4900 Broadway
Suite 2600
Sacramento, CA 95820-1532

Uline
PO Box 88741
Chicago, IL 60680-1741

Unity Lab Svcs/Thermo Fisher Scientific
168 Third Avenue
Waltham, MA 02451

University of Washington Lab Med
PO Box 9468
Seattle, WA 98109-0468

UPS
780 W Army Trail Rd
Carol Stream, IL 60132-0577

Valley Research Park
319 N. Bernardo Ave.
Attn: Jon Cain
Mountain View, CA 94043

Valley Research Park
319 North Bernardo Ave.
Attn: Jon Cain
Mountain View, CA 94043

Van Ert Electric Company Inc
7019 W Stewart Ave
Wausau, WI 54401-9230

Vanni Properties Inc-Vanni Business Park
8080 Santa Teresa Blvd
Suite 210
Gilroy, CA 95020

VetEquip Inc
1452 N Vasco Rd #303
Livermore, CA 94551

ViaSat
6155 El Camino Real
Carlsbad, CA 92009-1699

VWR International LLC
PO Box 640169
Pittsburgh, PA 15264-0169

WCG WIRB-Western Inst. Review Bd
PO Box 150434
Dept. 106091
Hartford, CT 06115-0434

Wells Fargo Vendor Fin. Services LLC
PO Box 35701
Billings, MT 59107

Wells Fargo Vendor Financial Services
PO Box 030310
Los Angeles, CA 90030-0310

West Coast Business Capital
Corporation Service Company
PO Box 2576
Springfield, IL 62708

Whoop Inc
1325 Boylston St, Ste 401
Boston, MA 02215

Working Dirt R2 LLC
555 Bryant St #249
Palo Alto, CA 94301

WSGR (Wilson Sonsini Goodrich & Rosati)
650 Page Mill Road
Palo Alto, CA 94304-1050

Zee Medical Service Co
1721-A Junction Ave
PO Box 610878
San Jose, CA 95161

Zymo Research Corporation
17062 Murphy Ave
Irvine, CA 92614

**United States Bankruptcy Court
Northern District of California**

In re **Open Medicine Institute, Inc.**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Open Medicine Institute, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

November 23, 2020

Date

/s/ Jennifer C. Hayes

Jennifer C. Hayes 197252

Signature of Attorney or Litigant

Counsel for **Open Medicine Institute, Inc.**

Finestone Hayes LLP

456 Montgomery St.

20th Floor

San Francisco, CA 94104-1233

(415) 616-0466 Fax:(415) 398-2820

jhayes@fhlawllp.com

**United States Bankruptcy Court
Northern District of California**

In re **Open Medicine Institute, Inc.**

Debtor(s)

Case No.

Chapter

7

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ **40,000.00**
 - b) Prior to the filing of this statement, debtor(s) have paid \$ **40,000.00**
 - c) The unpaid balance due and payable is \$ **0.00**
3. \$ **335.00** of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a. Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b. Preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - c. Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

Dated: **November 23, 2020**

Respectfully submitted,

/s/ Jennifer C. Hayes

Attorney for Debtor: **Jennifer C. Hayes 197252**
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San Francisco, CA 94104-1233
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jhayes@fhlawllp.com